STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555740	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Real Post Acute	1665 East Eighth Street Beaumont, CA 92223

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a person-centered comprehensive care plan, including appropriate interventions for one of three residents reviewed for quality of care (Resident 1) who repeatedly refused showering.This failure resulted in the lack of individualized interventions to address the resident's hygiene needs and preferences and had the potential to result in poor hygiene, skin integrity issues, and ineffective communication with the responsible party. Findings: A review of the admission Record indicated that Resident 1 was admitted to the facility on [DATE], with diagnoses that included immunodeficiency (body's defense system is weak) and depression (mental health condition). Resident 1's Brief Interview for Mental Status (BIMS) score was 9 (moderate cognitive impairment). A review of Resident 1's record titled Task: Bathing indicated that Resident 1 refused showering on multiple occasions including March 4 and March 6, 2026. Further review of Resident 1's record indicated no documented evidence that the facility identified the repeated refusals of showering as an identified need, established measurable goals, or developed implemented individualized, person-centered interventions. Further review of Resident 1's progress notes, dated March 18, 2026, indicated, .RP verbalized she is disappointed regarding showers.RP requesting to call her if her mother refuses showers. There was no documented evidence the facility incorporated the responsible party's request for notification into the resident's care plan as an intervention. A review of Resident 1's comprehensive care plan indicated no identified problem, goal, or interventions addressing the resident's repeated refusals of showering. On March 24, 2026, at 3:43 p.m., during a concurrent interview and record review with the Director of Nursing (DON.) The DON stated Resident 1 had prior refusals of showers and the facility did not develop an individualized, person-centered care plan including interventions, to address the resident's refusals. The DON further stated there should have been an individualized care plan to ensure Resident 1's needs and preferences were identified and addressed. The facility policy and procedure, titled, Care Plans, Comprehensive Person- Centered, dated March 2022, indicated, .a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE